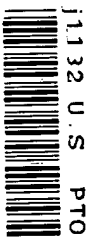


12/19/01



1132 U.S. PTO

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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	MICS:0060	Total Pages	53
		First Named Inventor or Application Identifier			
		David A. Zimlich			
Express Mail Label No.		EV 017 056 689 US			
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	2. <input checked="" type="checkbox"/> Specification <b>Total Pages 33</b> <small>(preferred arrangement set forth below)</small> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <b>Total Sheets 4</b> <b>Total Pages 12</b>	4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <b>[Note Box 5 below]</b> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <b>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</b>	<b>ACCOMPANYING APPLICATION PARTS</b> 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document <small>(if applicable)</small> 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other			
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____			
<b>18. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below  <small>(Insert Customer No. or Attach bar code label here)</small>					
NAME	Michael G. Fletcher Fletcher, Yoder & Van Someren				
ADDRESS	P.O. Box 692289				
CITY	Houston	STATE	Texas	ZIP CODE	77269-2289
COUNTRY	USA	TELEPHONE	(281) 970-4545	Fax	(281) 970-4503
Name (Print/Type)	Michael G. Fletcher		Registration No. (Attorney/Agent)	32,777	
Signature			Date	December 19, 2001	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	David A. Zimlich
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	MICS:0060/FLE (00-0731)

TOTAL AMOUNT OF PAYMENT (\$)**1746.00**

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **13-3092 (MICS:0060/FLE)**

Deposit Account Name **Micron Technology, Inc.**

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION (fees effective 10/01/01)

### 1. FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	355	Utility filing fee	<u>740.00</u>
106	330	206	160	Design filing fee	_____
107	510	207	245	Plant filing fee	_____
108	740	208	355	Reissue filing fee	_____
114	160	214	75	Provisional filing fee	_____
SUBTOTAL (1)					<b>(\$)<u>740.00</u></b>

### 2. CLAIMS

	Extra		Fee from below		Fee Paid
Total Claims <u>69</u> - 20 =	<u>49</u>	X	<u>18</u>	=	<u>882</u>
Independent <u>4</u> - 3 =	<u>1</u>	X	<u>84</u>	=	<u>84</u>
Claims					
Multiple Dependent Claims	_____	X	_____	=	_____

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	_____
102	84	202	40	Independent claims in excess of 3	_____
104	280	204	135	Multiple dependent claim	_____
109	84	209	40	Reissue independent claims over original patent	_____
110	18	210	9	Reissue claims in excess of 20 and over original patent	_____
SUBTOTAL (2)					<b>(\$)<u>996.00</u></b>

## FEE CALCULATION (continued)

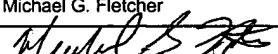
### 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for response within first month	_____
116	400	216	200	Extension for response within second month	_____
117	950	217	475	Extension for response within third month	_____
118	1,570	218	755	Extension for response within fourth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive unavoidably abandoned application	_____
141	1,320	241	660	Petition to revive unintentionally abandoned application	_____
142	1,320	242	660	Utility issue fee (or reissue)	_____
143	450	243	225	Design issue fee	_____
144	670	244	335	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Petitions related to provisional applications	_____
126	240	126	240	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	<u>40.00</u>
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	_____
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	_____
Other fee (specify) _____					_____
Other fee (specify) _____					_____
SUBTOTAL (3)					<b>(\$)<u>40.00</u></b>

\* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	Michael G. Fletcher	Reg. Number	32,777
Signature		Date	12/19/01
		Deposit Acct. User ID	